

TOWN OF NEW WINDSOR 08-18

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (845) 563-4615
Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision _____ Lot Line Change _____ Site Plan ☒ Special Permit _____

Tax Map Designation: Sec. 20 Block 2 Lot 33.31

BUILDING DEPARTMENT TRACKING NUMBER: PA 2008 - 552
MUST FILL IN THIS NUMBER

1. Name of Project SITE PLAN FOR DR. SINGH
2. Owner of Record MAHAVIR SINGH / MRSM REALTY Phone 534-4572
Address: 4 NATURE'S WAY CORNWALL , NY 12518
(Street Name & Number) (Post Office) (State) (Zip)
3. Name of Applicant MAHAVIR SINGH / MRSM REALTY Phone 534-4572
Address: 4 NATURE'S WAY CORNWALL , NY 12518
(Street Name & Number) (Post Office) (State) (Zip)
4. Person Preparing Plan CHARLEST BROWN, P.E. Phone (845) 569-8400
Address: 3125 ROUTE 9W, SUITE 201 NEW WINDSOR NY 12553
(Street Name & Number) (Post Office) (State) (Zip)
5. Attorney DAN BLOOM, ESQ Phone (845) 561-8920
Address: ET 94 NEW WINDSOR NY 12553
(Street Name & Number) (Post Office) (State) (Zip)
1. Person to be notified to appear at Planning Board meeting: E-MAIL: TACONIC DESIGN001@HVC.RR.COM
CHARLES T. BROWN, P.E. 569-8400 569-4583
(Name) (Phone) (fax)
2. Project Location: On the SOUTHERN side of NYS ROUTE 9W
(Direction) (Street)
8. Project Data: Acreage 10.05 AC. Zone NC School Dist. NEWBURGH

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes _____ No X

*This information can be verified in the Assessor's Office.

*If you answer yes to question 9, please complete the attached AAgricultural Data Statement.

10. Detailed description of Project: (Use, Size, Number of Lots, etc.) 2-STORY, 16,000 S.F., MEDICINE OFFICE TO BE CONSTRUCTED, PARKING PROVIDED ON SITE, OFFICE TO BE SERVICED BY TOWN WATER + SEWER

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no X

12. Has a Special Permit previously been granted for this property? yes _____ no X

IF THIS APPLICATION IS SIGNED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH THE REVIEW OF THIS APPLICATION.

SWORN BEFORE ME THIS:

29th DAY OF Oct. 2008

[Signature]
(OWNER'S SIGNATURE)

[Signature]
(AGENT'S SIGNATURE)

CHARLES T. BROWN, PS

Please Print Agent's Name as Signed

[Signature]
NOTARY PUBLIC

KERRY A. BURAKOWSKI
Notary Public, State of New York
Residing in County of Orange
No. 01BU5014217 2011
Commission Expires July 15, 2011

TOWN USE ONLY:

DATE APPLICATION RECEIVED

08-18
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